Province of Nova Scotia

Victoria General HOSPITAL

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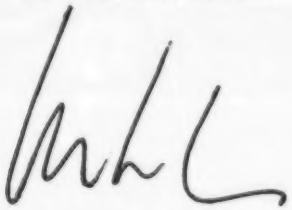
TO:

The Honourable Clarence Lloyd Gosse,
M.D., C.M., F.R.C.S.
Lieutenant Governor of Nova Scotia

May It Please Your Honour:

I beg to present herewith the Annual Report of the Victoria General Hospital for the year ended December 31, 1976.

Your Obedient Servant,



M. MacAskill
Minister of Public Health

Halifax, Nova Scotia
May 17, 1977

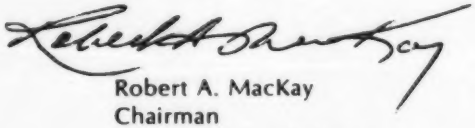
TO:

The Honourable Maynard C. MacAskill, M.D.
Minister of Public Health
Province of Nova Scotia

Sir:

On behalf of the Board of Commissioners, it is my pleasure to submit to you the 110th Annual Report of the Victoria General Hospital covering the period January 1 to December 31, 1976.

Respectfully submitted,



Robert A. MacKay
Chairman
Board of Commissioners
Victoria General Hospital

REPORT OF THE EXECUTIVE DIRECTOR

TO:

Mr. Robert MacKay, Chairman
Board of Commissioners
Victoria General Hospital
Halifax, Nova Scotia

Dear Mr. MacKay:

I have the honour of submitting the 110th Annual Report of the Victoria General Hospital for the year ending December 31, 1976.

This year has been one of continued financial restraint and every effort has been made to follow the anti-inflation guidelines.

Although financial conditions present difficulties in planning for the future, yet a Master Plan was completed by Peat, Marwick and Partners and hopefully the recommendations will be implemented at some future date. In the meantime, action was taken on some recommendations, which would fit into the Master Plan. These comprised: (i) Removal of internes and residents living quarters from the Laboratory Building to the Nurses Residence; (ii) Transfer of business, pay and personnel offices from first floor Centennial to the Laboratory Building (7th Floor); (iii) Plans for an improved and enlarged Admitting Office for Inpatients and Outpatients on first floor Centennial; (iv) Major renovations of the Coronary Care Unit; (v) Space was made available for the Respiratory Technology Training Program in the Pavilion; (vi) Plans for Diagnostic Facilities to be housed in the first floor of the Laboratory Building for outpatients were completed. These facilities were intended to syphon off some of the excessive outpatient work presently being done in the Diagnostic Radiology and the Electrocardiography Departments. Co-ordinated with the laboratory diagnostic service presently available, this would provide a worthwhile service for our outpatients.

In addition, facilities for the opening of a clinic for Early Detection of Breast Cancer are also planned. This will include Mammography, Thermography, and Xeroradiology, as well as space for clinical examinations.

Plans were being completed for renovating and replacement of monitors in the Surgical Intensive Care Unit and the Cardiovascular

Intensive Care Unit; (vii) A Raport/Maxifile System — a computerized system of reporting and filing was installed in the Department of Diagnostic Radiology; (viii) The Centrex Telephone System was installed; (ix) Additional parking facilities for staff and visitors were made available.

The Medical Staff, under the Presidency of Doctor F. Gordon Mack, rendered the usual high quality of patient care and, through the various committees, participated fully in the general work of the hospital, particularly in the development of the Master Plan. Special mention should be made of the work of the Utilization Committee.

New Hospital and Medical Staff By Laws were being finalized at year's end.

Doctor Mack and the former staff President, Doctor J.S. Manchester, served as representatives of the Medical Staff on the Board of Commissioners.

His Honour, Doctor C.L. Gosse, Head of the Department of Urology, retired.

Doctor R.C. Dickson, Senior Physician in the Department of Medicine, retired.

Doctor D.J. Tonning, Associate Physician in the Department of Medicine, retired.

These physicians rendered excellent service to patients and to the Victoria General Hospital and appreciation was acknowledged by promotion to the Honorary Consulting Medical Staff.

A welcome is extended to the physicians who joined the hospital staff during the year both on the Courtesy, Active and Consulting Staffs.

Miss Florence B. Gass, B.Sc., R.N., retired on July 31, 1976 as Director of Nursing Service after some twenty-one years of service. To Miss Gass, we wish many happy years in her retirement and express our appreciation for her many years of fine service.

Miss Gass will be succeeded by Mrs. Marlene Grantham, R.N. M.Sc. (A), who will assume her duties on January 1, 1977.

Mrs. Ruth Dennison, R.N.,B.N., was appointed Associate Director.

The nursing situation improved during the year but the availability of nurses is still not assured.

A demonstration project on Nursing Care and Unit Assignment was initiated in two of the nursing units, under the leadership of Miss Norma Wylie, R.N., M.Sc.N.

Also, plans for development of a Hospice Program were initiated under Miss Wylie's direction.

Under the direction of Mrs. Jean Magee, R.N., B.N., there was another successful year in the student nurse training program. Official accreditation for the School was again achieved.

Joint graduation exercises for the student nurses and other allied health personnel were held, creating a very successful program.

The death of Doctor A.W. Taylor, Medical Director, which occurred suddenly on June 15, 1976 was a tragic shock. He had endeared himself to all hospital personnel with his quiet and friendly manner. It will be difficult to replace him.

Mr. Willis Rudy, B.A.,D.H.A., was appointed Assistant to the Executive Director as of October 1, 1976.

All departments of the hospital providing either administrative or support services contributed in their own way towards quality patient care.

A special note of appreciation is extended to the Hospital Auxiliary and the Volunteer Service for their contribution to patients' welfare.

The support of the various divisions of the Government Employees Association and the Branch of C.B.R.T. and G.W. is acknowledged.

I would be remiss if I did not congratulate the Honourable Allan Sullivan, who was Minister of Health, on his appointment as County Court Judge. His co-operation and ever ready assistance was much appreciated.

To his successor, the Honourable Maynard MacAskill, M.D., our best wishes for success on his appointment as Minister of Health.

The Deputy Minister of Health, Doctor Peter Nichols, Mr. Robert Matheson, Chairman of the Nova Scotia Health Services and Insurance Commission, and their respective staffs, are thanked for their support and co-operation. Appreciation is acknowledged of the support and co-operation of the Department of Public Works, Civil Service Commission and other government agencies with whom we had to work.

To you, Sir, and the other members of the Board of Commissioners, may I express my thanks on behalf of the hospital staff and my personal "thank you" for excellent guidance and co-operation.

Respectfully submitted,

M. R. Macdonald, M.D.
Executive Director

STATISTICAL SUMMARY: 1976

Bed Capacity		815
Total Admissions		19,089
Average Daily Occupancy		86.4%
Average Days Stay		13.5%
Total Patient Days		257,152
Emergency Department — visits		48,272
Ambulance Calls		4,408
Out-Patient Department — visits		45,060
G.I. Function — Lab. Tests Performed		904
Endoscopy Procedures		987
Electromyograms		733
Electroencephalographs		2,175
Electrocardiograms		27,025
Ambulatory Monitoring		12
Stress Exercise Lab. Procedures		32
Echocardiograms		733
Cardiac Catheterization — Lab. Procedures		1,092
Respiratory Technology — Patients Treated		4,707
Pulmonary Lab. Tests		826
Blood Gas Lab. Tests		20,802
Chronic Renal Dialysis		3,343
Acute Renal Dialysis		117
Home Dialysis:		
Patients Trained		10
No. of Dialyses Done		214
Occupational Therapy		7,512
Physiotherapy — attendance		51,442
Microbiology — Specimens examined		203,382
Pathology:		
Autopsies — Hospital cases	214	
Autopsies — Medical Examiner cases	466	680
O.R. Quick Sections		533
Surgical Specimens — Hospital cases		15,393
— Referred in cases		2,679
— Consultations cases		493
Total		18,565
Cytology — Hospital cases		2,998
— Referred in		2,679
Haematology Tests		510,204
Clinical Chemistry Tests — Hospital Tests		1,366,973

Clinical Chemistry Tests — Referred In	209,654
Diagnostic Radiology Examinations	129,132
Radiation Oncology — treatments	29,655
Nuclear Medicine — tests	6,362
Pharmacy — prescriptions filled	103,153
Dietary Department — meals served	1,843,548
Audio Visual — photos, slides and transparencies	3,899
Sterile Supply Service — trays and sterilizing services	1,438,142
Laundry Department — lbs. processed	4,054,643
Oral Surgery — Procedures done	16,831
Anaesthetics Administered	23,005
Number of Operations	23,208
Social Service — Units of Service	33,533
V.O.N.:	
In-Patients — New Referrals	1,263
Out-Patients — Clinics Follow up	435

DEPARTMENT OF MEDICINE

Clinical Services. The clinical services showed an increase in most aspects last year. Comparing statistical data for the hospital, as published in the 1974 and 1975 annual reports, reveals an 11.8 per cent increase in discharges, a 6.4 per cent increase in emergency admissions and an 8.7 per cent increase in total days of care. There was no significant change in length of stay. Patients seen by various medical services for the year compared with estimated averages in 1975. There were 7,460 Patients seen in the Ambulatory Care Clinics.

Clinical and Laboratory Changes. In June, the Hematology Service (Firm XII) was relocated to 8 Victoria West so that single rooms would be available for the patients requiring isolation.

Dermatology developed a new ambulatory care program, seeing newly-referred patients, and the Dermatology Unit for day care patients was completed.

The Rheumatic Disease Unit was expanded from eight to 12 beds by the addition of four beds.

The procedure of arthroscopy as a medical diagnostic procedure was initiated. The Rheumatic Disease Unit was surveyed by a team of three Rheumatology surveyors from the Arthritis Society, which approved the program, while recommending that more acute Rheumatology such as collagen vascular disease should be admitted to the unit.

The Home Dialysis Unit came into full operation.

The Nursing Department, through the nurses on 4B under Miss Diane Busbridge, began a project to help staff evaluate performance of house staff. A joint meeting of the Department of Medicine staff and house staff and the nurses assigned to the Department was held. New descriptions of the levels of activity for patients with post myocardial infarction were developed.

The School of Respirology Technology was reviewed by a joint Accreditations Committee. Full approval was received and the program was commended.

Staff Changes. Dr. D.J. Tonning retired from active staff but continued

on the Consulting Staff. Dr. L.C. Steeves returned from sabbatical leave and Dr. R.B. Auld began his sabbatical year. Dr. Karen Sample, Dr. Willem O. Kwant and Dr. John Dill were appointed to the staff.

Research. Research activities con' ·ed in the presence of severe restriction of federal funds due . federal government austerity program. Papers were presented to the Canadian Society of Clinical Investigation and the Royal College annual meeting and to those of several specialty societies.

Some 21 publications and 16 abstracts were prepared by staff members during the year.

DEPARTMENT OF OTOLARYNGOLOGY

The scope of work broadened largely due to steadily increasing demands for more head and neck cancer surgery, clinical audiology and speech pathology.

The number of staff remained basically unchanged. Doctor Cron returned to the Department after one year of McLaughlin Foundation Fellowship in Philadelphia. In addition to the old relationship with the Nova Scotia Hearing and Speech Clinic, close ties have developed with the newly-opened Dalhousie School of Human Communication Disorders.

After passing the Royal College examinations, the former Teaching Fellow, Doctor Yousuf, and Doctor Punna entered practice of Otolaryngology in New Brunswick and Doctor McLean in Nova Scotia.

A number of distinguished lecturers visited the Department and the Staff conducted a "Short Course in Applied Anatomy for the Otolaryngologist" with the Department of Anatomy, under the auspices of the Dalhousie Division of Continuing Medical Education.

Outpatient visits numbered 1,252 during the year; 408 new and 624 return outpatient visits, 28 new tumour patients and 192 tumour follow-up visits.

In the Emergency Department 2,231 patients were treated and discharged and 116 patients referred for admission.

Total in-hospital treatment figures were as follows (January-June 1976); 148 Teaching Unit and 151 private admissions.

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

During 1976 there were many important developments in the Department of Diagnostic Radiology.

The total number of examinations performed reached an all time high of 129,132. This is an increase of 15 per cent over 1975 and a slight increase as compared with the previous "record year", 1974. Of perhaps even greater significance than the absolute figures, however, is the continued increase in the percentage of examinations that are of a highly specialized nature (such at CT brain scans and coronary angiography) which are not provided elsewhere in the Maritime Provinces. Despite the requirements for increasingly sophisticated examinations, the department must also provide a full range of the more standard examinations for both outpatients and inpatients. In an attempt to decrease the congestion in the main department and improve service, planning took place in 1976 to provide expanded radiologic services, primarily for outpatients, in the new Diagnostic Centre in the Pathology Building. The new facilities are designed for quick, high-quality examinations of the chest, spine and extremities, and for increased capabilities in mammography and thermography. This extension of the department should begin operation in the first half of 1977.

In May of 1976, new bi-plane equipment for myelography was installed in the department. Extensive renovations and equipment installations began later in the year to provide a second, very sophisticated unit for cardiac catheterization and angiocardiography. This equipment is specifically for arteries in patients with Ischemic Heart Disease.

In November of 1976, the Raport/Maxifile system of computer-processed patient data filing and report generation was instituted. Complete adaptation to the new system will require many months, but all staff in the department and elsewhere in the hospital have been most co-operative in making the required adjustments. The system was introduced to improve the service we provide, and it is our intention that it will do just that.

The Technician Training School graduated 11 students this year, ten of whom were successful in National Registration examinations. This is one of the best records in the country, and those members of the staff involved in the school should be justly proud.

DEPARTMENT OF RADIATION THERAPY AND NUCLEAR MEDICINE

As a result of the several reviews that this department has had in recent years, we have tried earnestly to co-operate with all planners in upgrading the status of Radiation Therapy in Nova Scotia.

Despite the limitations of our equipment and space, we were able to make a great stride forward for Nova Scotia in commencing the installation of a Radio Therapy Simulator having acquired a most up-dated model.

We understand the Department of Health have under study a proposed reorganization of these services available in the Metro area, including the utilization of all such hospital beds for In-Patients care and treatment.

Our staff have been actively involved on the team, headed by the National Cancer Institute, to devise a protocol for carcinoma of the breast.

Dr. J.A. Aquino has represented the Canadian Medical Association in instructing Schools of Nuclear Medicine Technology Training Programs, in addition to being a sitting member of the Royal College Fellowship examinations committee. Both Drs. N.R. Youssef and O.S. Wong have been very active with the work of the National Cancer Institute Committee on the planning and management of the diseases, Carcinoma of the Ovary, and Hodgkins Disease.

Staff Physicist Dr. John Aldrich developed a set of computer programs for the calculation of radiation dose distributions within the patient.

We understand the Nuclear Medicine service may be transferred to another department and, although we have some justified misgivings on such a decision, we still are mainly interested in the patient receiving the highest standard of care possible and will co-operate to this end.

DEPARTMENT OF ORAL SURGERY

Patient Services.

The total number of in- and out-patients treated by the Department was 6,840, compared with 6,971 in 1975.

The total number of services rendered was 16,831, compared with 17,200 in 1975.

The Active Staff of the Department remained unchanged at four Oral Surgeons.

The facility continues to be over-utilized, both in a service and teaching role. It is essential that the patient load be controlled and maintained as at present.

Future out-patient facilities of the hospital should include space for this Department.

DEPARTMENT OF SURGERY

In general, the clinical work in the Department continued as in the past, with a constant pressure. This has created somewhat uncomfortable situations where patients have had to wait a long period for admission. However, due to a number of factors, this situation now seems to be in the process of improvement. A number of factors were involved, one of which was inefficient utilization of our present operating rooms. Doctor J.K.B. Purves was appointed by the Administration as "Operating Room Co-ordinator", and this has improved very greatly the efficient use of the operating rooms. The second factor of importance had to do with streamlining admitting procedures for elective and urgent patients. Our system of allocation of beds, in both the ward and preferred areas, has expedited considerably the admission of patients in all services.

The clinical care of patients has continued on a very satisfactory plane, and monthly meetings of the Department are held to discuss all deaths and complications of patients within the Department of Surgery.

Patients with fractures and orthopaedic problems continue to

pose a problem for our bed capacity, and hopefully this will be improved by the implementation of the Council of Teaching Hospitals' recommendations.

In the Cardiovascular Service, the number of open heart procedures has almost tripled in the past year or year and one-half, and the functioning of this Service and the Orthopaedic Service has improved considerably by changing the operating rooms, thus freeing an additional operating room for the cardiovascular patient.

New clinical programs in the treatment of far advanced malignancy have been introduced by Doctors A.S. MacDonald and A. Bodurtha. These are part of nation-wide programs, and we hope will be of great benefit to patients concerned.

During the year, Doctor Purves recovered from his illness and has been able to improve greatly the efficiency of the operating rooms.

Doctor LeBrun, one of our senior Staff Surgeons, was seriously ill in the fall of the year, but fortunately has now recovered completely and is back at his usual work.

Several new Staff members have been added to the Department, in the persons of Doctor William Stanish and Doctor James Parrott. Doctor Stanish, who is a Dalhousie graduate, joined the Service of Orthopaedics, and Doctor Parrott, a Cardiovascular Surgeon from Winnipeg and California, joined the Cardiovascular Service.

During the year, a number of visitors called at the Department of Surgery, including Doctor David Dreiling and Doctor Jerry Waye, both of New York, Doctor Ivan Johnston, of England, and Doctor Robert Salter, the President of the Royal College of Canada.

The five-yearly Survey of the Department of Surgery was completed, and comments regarding the Victoria General Hospital were generally very favourable.

With regard to research projects, members of the Department of Surgery continued to carry on clinical and basic research programs.

To summarize the year, clinical care continued at the highest level. Teaching of undergraduate and graduate students continued and expanded. Members of the Department were active in local and national Committees and, in general, the Department, as a whole, had a busy, eventful, productive, and useful year.

DEPARTMENT OF NEUROSURGERY

The work of the Department of Neurosurgery has continued much the same as in recent years. Procedures totalled 2,080, of which 955 were major operations, as compared with 2,031 and 766 respectively in 1975. There were 942 admissions to the Department, which was an increase of 128 over the previous year. In 1976, a total of 125 consultations were provided; an increase when compared to the previous year. As noted above, there has been an increase in all services provided but, as in other years, the Department still experienced problems in relationship to admissions due to the shortage of beds.

The Department continues to attempt to meet the demands for neurosurgical care in the province, as well as receiving problem cases from the Atlantic Region. Although the ancillary services, including operating rooms and neuro-x-ray facilities, are adequate to meet these demands, the shortage of neurosurgical beds in the Victoria General Hospital is making this increasingly difficult.

The Attending Staff comprised a total of five neurosurgeons. Dr. W.D. Stevenson returned to the Department in August, having successfully completed a lectureship tour in Tunisia and the Phillipines. Dr. Winston O. Gittens and Dr. Renn O. Holness completed their Residency Training Program, in the Department of Neurosurgery, and both successfully passed their Canadian Fellowship Examinations in Neuosurgery. Dr. Gittens was a Teaching Fellow, in the Department of Neurosurgery, for a period of six months, from July 1 to December 31 of 1976.

Neuroradiology facilities were enlarged and improved, to house the Computerized Axial Tomography equipment and, as of January 1, 1976, this equipment was fully operational for computerized x-ray scanning of the brain.

DEPARTMENT OF PSYCHIATRY

During 1976 the Department's medical staff had to respond to the Minister of Health's request, through the Council of Teaching Hospitals, for guidance in reviewing the delivery of health care services in the metro area, which specifically included the Abbie J. Lane Hospital and Psychiatric Services in general. Since the Abbie J. Lane was

scheduled to open in the near future it was thought there would be a large number of beds available for Psychiatric Services, thus possibly reducing the number of beds in the Victoria General unit. Actually, the study indicated there would be no additional beds available at the Lane hospital to provide hospital care for the type of patients accommodated in the Victoria General Psychiatric unit.

The following points were made repeatedly to illustrate the need for a sizeable psychiatric unit in any large general hospital, particularly one with a considerable tertiary component and one attached to a university with a considerable teaching function like the Victoria General Hospital:

(1) Many of the patients in the psychiatric unit in 9A have complex illnesses, frequently with associated medical problems, so that a general hospital is more appropriate for investigation and treatment.

(2) A large general hospital needs a viable Psychatric Department for proper treatment and teaching. Such a department could not exist without a sizeable psychiatric unit.

(3) Training in a psychiatric unit of a general hospital is required by the Royal College for the Fellowship program in psychiatry.

(4) The movement to the general hospital is now considered to be an essential component. Modern Psychiatry is one of the Specialties of Medicine.

When the Inpatient Unit at the Lane and an Observation Unit at the Lane are functioning, it is hoped that the various psychiatric hospitals in the area will be able to co-ordinate their efforts better and that a satisfactory scheme will be worked out so that patients are admitted to the facility best equipped to treat them as efficiently and quickly as possible.

There is still a shortage of psychologists, occupational therapists and residents in our post-graduate training program.

Dr. R.O. Jones returned from his Sabbatical and is now actively involved in patient care and teaching in the V.G. Hospital. He was the Visiting Professor at the Royal Free Hospital in London last year, and he also gave the Sandoz Lectures in 1976.

The Department continues to have a very active teaching prgram, both for undergraduate and post graduate students. Members of the Department took an active role in various teaching programs associated with Dalhousie University in the refresher courses for family physicians.

Several research projects continued in 1976. The study of suicides in Halifax County was expanded to include all the attempts made with lethal intent.

Dr. Flynn has continued with research into the effects of some psychotropic drugs. The current research is on efficacy of long-acting tranquilizers. He was honoured by being selected as the "Professor of the Year" in the University's Faculty of Medicine.

Due to financial restraints, the full activation of the Lane Hospital may still be far away, so we can do little in areas dependent on the outcome of the changes in the role of that hospital.

DEPARTMENT OF ANAESTHESIA

Compared to 1975, our Department in 1976 was more busy and more successful in many ways. A significant increase occurred in the volume of anesthetic services provided, largely due to longer workdays and the more efficient use of our time. The latter resulted from a concerted effort to decrease "down-time" during each day and better organization of the total operating room work force under a new co-ordinator, Dr. James Purves.

In addition, our educational program continued to improve and strengthen its base. Only the research aspects of our Department continue to lag in development.

The components of our various departmental functions can be described as follows:

The Education function of the Department continues to demand more and more of staff's time to carry out their responsibilities in the various undergraduate and post-graduate medical teaching programs, as well as participating in the continuing education programs for general practitioners.

The Department's largest, and most important, educational effort

is the Residency Training program. There are 16 Residents in the program this year.

The staff is very much involved at the local, provincial and national committee levels. Evidence of our programs becoming most effective is the fact that two of our Residents were successful candidates in the Royal College examinations in the fall. Dr. Fairhurst has been a member of the Council of the Canadian Society; Dr. Drysdale was a member of the Committee on Anesthetic Equipment and Allied Health Personnel.

Dr. Moffitt served as an Associate Editor of both "Survey of Anaesthesiology" and "Anesthetic and Analgesia."

The volume of services rendered continues to increase, with 1976 showing a total of 18,855 patients having general, spinal anaesthesia or a nerve block — an increase of 1,319 over 1975.

The Department is still in dire need of more office space for full- an part-time staff but, to date, nothing constructive appears to be taking place.

Some eighteen publications were prepared by staff members during the year.

DEPARTMENT OF GYNAECOLOGY

The Department of Gynaecology is, in reality, a combined department of Gynaecology and Obstetrics — the Gynaecology being done in the Victoria General Hospital and the Obstetrics in the Grace Maternity Hospital.

Four of the gynaecological beds are set aside for radium patients. These beds are supervised by the Department of Gynaecology and the Department of Radiotherapy. As noted in our previous report, Cesium is now used in place of Radium, providing more adequate care to the patient, and more safety for the personnel.

Care of the patients, and teaching in the Department, is under the guidance of seven geographic full-time teachers, and three part-time teachers. Dr. William Wrixon has just returned from a year of training at the M.R.C. Reproductive Unit in Edinburgh, Scotland. He has been appointed Director of the Endocrine and Infertility Clinic. Dr. Ted

Luther has recently been appointed an Assistant Gynaecologist in the Department. He is a graduate of Dalhousie, received his training as resident in the specialty in this centre, has spent one year at Oxford University, England — is supported by a Metropolitan Life Insurance Fellowship, and will, I am sure, bring credit to the Department. Dr. S.C. Robinson is now on sabbatical leave in England and Australia, where he is observing other methods of undergraduate education.

In addition to undergraduate and interne training, we participate in an affiliated University residency program, and work closely, as noted above, with the Department of Obstetrics in the University — which is situated in the Grace Maternity Hospital.

The Gynaecology Outpatient Department continues to serve the area, and all surgical patients are advised to return to the post-op clinic for one visit before being referred back to their physicians. We would hope to be able to increase the number at these clinics.

Clinical research is part of the day-to-day function of the hospital, and will continue to be important. No report from Gynaecology is complete without mention of the problem of therapeutic abortions. The Victoria General Hospital is still the only hospital in the Halifax area doing this procedure, working with the Abortion Committee of the Hospital.

Gynaecology operating rooms function well, and operate throughout morning and afternoon, five days a week.

Staff have been very involved attending various meetings held locally, provincially, national and internationally, as well as presenting papers which were accepted for publication.

EMERGENCY DEPARTMENT

A total of 48,272 patients were treated in the Department during 1976, an increase of 5.9 per cent over 1975; of this number, 7,495 were admitted to the hospital.

In July, the concept of Emergency Room Physicians ceased as a pilot project and the eight Physicians received an appointment to the staff, one of whom carries out duties as Co-ordinator of Medical Services.

Several research projects were undertaken by the Staff Physicians which proved very interesting and helpful, and which have been continued as ongoing projects.

Some of the non-professional staff took advantage of opportunities to further their educational attainment and update their knowledge and training.

The Department received a portable, battery-operated DC defibrilator, cardioscope and recorder (lexepak); this is used occasionally in transporting patients to the floors, as well as in the ambulance.

A new ambulance was put into service during the year.

DEPARTMENT OF PREVENTIVE MEDICINE

In 1976 the Department of Preventive Medicine took on full responsibility for the staff health program of the Laboratory Services staff. These employees now receive the same services as the rest of the Victoria General Hospital employees, with minor variations to suit their particular needs. In addition, during 1976 a full-time Hospital Infection Control Nurse was appointed to develop an infection control program under the direction of the Hospital Infection Control Committee. This nurse works very closely with the Departments of Microbiology and Preventive Medicine in the performance of his duties.

Three hundred and ninety-six cases of communicable diseases were reported to Medical Officers of Health and family physicians by the Department of Preventive Medicine. It will be noted that 27 cases of tuberculosis were diagnosed at the Victoria General Hospital in 1976. In addition, there were three cases of chickenpox reported in the hospital staff. These staff members were required to be off work during the communicable period of the disease to prevent spread to immunologically-compromised patients and other staff members.

Copies of all chest X-ray reports are received by the Department, and any indications of tuberculosis are forwarded to the Medical Officer of Health for his information and any necessary followup.

It is noted that 39,123 chest X-ray reports were received by the Department; this is an 18 per cent increase over last year. Many of these

chest X-rays are done as part of the routine admission chest X-ray program, which requires that all patients, age 40 or more, have chest X-rays. The main purpose of this program is to detect cases of infectious pulmonary tuberculosis early, in order to protect other patients and staff and have the patient placed under treatment.

There were 6,693 immunization procedures given, which is essentially the same as last year. There is a fair turnover in the staff at the Victoria General Hospital; 1,272 new staff members were provided with immunization. In November, routine smallpox vaccinations were discontinued because there is now such a low risk of smallpox in Canada, and because the adverse effects of smallpox vaccination are a greater threat than smallpox itself.

The BCG Vaccination program is almost entirely confined to student nurses and other students, although an attempt is being made to offer BCG to other staff who are discovered to be tuberculin negative. Isoniazid prophylaxis is offered to newly-discovered positive tuberculin reactors who meet certain criteria, and to recent tuberculin converters. This anti-tuberculous drug was offered, free of charge through the Nova Scotia Department of Public Health, to 20 staff members in 1976.

Eight hundred and fifty-six staff members had tuberculin tests carried out. Of these, 640 were performed on new employees, 99 were for employees who were in contact with a case of tuberculosis, and 117 were routine, yearly tuberculin tests. It will be noted that 11.5 per cent of the employees who had never been BCG vaccinated were tuberculin positive. This is an expected ratio in employees of the age group tested.

The staff of the Department has been actively involved with the following various hospital committees:
Health & Welfare Committee, School of Nursing
Hospital Infection Committee and its Sub-committee on Antiseptics and Disinfectants, and the Sub-committee on the revision of the "Preventive Medical Procedure Card and Isolation Techniques"
Radiation Safety Committee
Safety Committee (subcommittee on "Accident Analysis")

OPHALMOLOGY

The year 1976 again provided a change in leadership within the Department. Dr. Claude Keays, Acting Head, resigned as of July 31 and was replaced as Acting Head by Dr. M.S. Ramsey. Search continues to

find a permanent Head for the Department. Dr. Vincent Audain joined the Department as an Assistant Ophthalmologist during the latter part of the year.

In addition to undergraduate and intern training, we participate in an affiliated University Residency Program and work closely with the Ophthalmology Departments in the Halifax Infirmary, Camp Hill and I.W.K. Hospitals. Six residents participate in the University program.

The Out-patient Clinics function four mornings per week with Glaucoma Consultation Clinics on Tuesday afternoons. During the year, some 4,271 patient visits were made to the Out-patient Eye Clinic, providing a broad experience for the resident staff. An active In-patient Unit also provided good service and a varied educational experience. However, surgical activity and experience has been somewhat supressed by the lack of a good, operating microscope. It is hoped that this will be rectified during the coming year.

DEPARTMENT OF PATHOLOGY

The Department of Pathology, Victoria General Hospital, comprises three major service divisions: Anatomical Pathology, Clinical Chemistry, and Hematology, plus smaller Cytopathology and Administration sections. Together with the Department of Microbiology, with which it shares the premises of the Pathology Institute Building, the Department functions as a central provincial laboratory facility as well as a major hospital laboratory, and it is responsible for the following programs:

(1) Comprehensive medical laboratory services to the Victoria General Hospital.
(2) Blood bank - cross match services to all Halifax hospitals except the Halifax Infirmary.
(3) Blood (etc.) specimen collection and testing service for ambulant patients referred by physicians throughout the province.
(4) Specialized laboratory services (notably cytopathology and hormone chemistry) to all hospitals and physicians throughout the province.
(5) Consultative and reference services to regional hospitals and laboratory directors throughout the province, including supervision and standardisation of quality control programs

sponsored by the Health Services and Insurance Commission.

(6) Laboratory services to programs of other government departments: Department of Public Health, Department of the Environment, Attorney General's Department.

(7) Resident training in laboratory medicine to physicians proceeding to specialize in these or in other medical disciplines.

(8) Specialized training in medical laboratory technology at both the undergraduate (pre-R.T.) and the graduate (A.R.T. and L.C.S.L.T.) levels.

Workload Summary (Number of Cases or Tests)

Autopsies — Hospital	214 cases
Autopsies — Medical Examiner	466 cases
O.R. Quick Sections	533 cases
Surgical Specimens, V.G. Hospital	15,393 cases
Surgical Specimens, Referred In	2,679 cases
Surgical Specimens, Consultations	493 cases
Cytology, V.G. Hospital	2,998 cases
Cytology, Referred In	70,786 cases
Hematology	510,204 tests
Clinical Chemistry, V.G. Hospital	1,366,973 tests
Clinical Chemistry, Referred In	209,654 tests

Research and development, seeking more efficient methods to cope with the ever-increasing demands and rising costs to provide medical laboratory services, is continuously being studied by all of the Divisions.

Training of residents is conducted mainly by their participation in the diagnostic work of the Institute under the supervision and continual practical instruction of the Staff Pathologists. In addition, however, they attend the regular Conference Program of the Institute, which provides them with a more formal course of instruction. The senior residents also assist in the teaching programs for the University medical students and for technicians in training for R.T. and A.R.T. programs.

The Cytotechnology Training Program was surveyed and full accreditation for the training of up to 14 students was received.

During the year, professional and technical staff were involved with the N.S.H.I.C. in reviewing and assessing present formulae for computing workload in units and tests in order that such statistics will be compatible with Statistics Canada figures.

DEPARTMENT OF MICROBIOLOGY

The Department has experienced a major increase in workload averaging, overall, 11.8 per cent. Electron Microscopy (153%), Virology (64.9%), Respiratory Bacteriology (43.5%) and Parasitology (32.5%) led the increases amongst the sections. Details of other increases, as well as some decreases, are summarized as follows:

It should be noted here that no increase in staff was required to service this new demand. An internal redistribution of personnel and of responsibilities was undertaken to provide the necessary technical personnel. We are not confident that we have no "slack" in our establishment.

During 1976, this major reorganization included changes in administrative responsibilities of the Department as well as the redistribution of technologists and workload within the various sections. The Department is now subdivided into the following six sections:

1. Administration
2. Clinical Bacteriology
3. Public Health Bacteriology
4. Virology
5. Clinical Immunology
6. Enteric Bacteriology

The Media laboratory has been reorganized under Administration from a series of sectional operations to a single departmental unit.

A new Resident Training Program in Medical Microbiology became effective on January 1, 1976. One resident has just completed his first year and a second position is to be filled shortly. A six-month course of training was also given to residents from Pathology, and a summer short course for residents in Oral Surgery. A Microbiology course for students from the Department of Respiratory Technology was given during October-November, 1976. Finally, a new Physicians Manual was prepared by the Department which appeared to be well received.

We are looking forward to an exciting year and are preparing to welcome two Infectious Disease Physicians into our midst. The

possibility of giving even better service in Microbiology is enhanced by their arrival. In addition, we look forward to a major increase in our research effort as a result of our "new-look".

DEPARTMENT OF FAMILY MEDICINE

At the present time the Department of Family Medicine has no direct patient care responsibilities within the Hospital and our activities have necessarily been restricted to administrative and committee work.

We have attempted to represent the overall attitudes and views of family medicine in relation to patient care in the Victoria General Hospital to the Hospital Administrator and other Departments.

The Department has held monthly meetings throughout the year with the exception of June, July and August.

Members of the Department have served on the following Hospital Committees:

Credentials
Ambulatory Care
Pharmacy

Formal briefs have been presented to the Committee on By-Laws, the Ambulatory Care Committee, and to Administration on "Metro Planning" during the year.

NURSING SERVICE

The year 1976 was one of progress and change for the Nursing Department. There were a number of changes in our top Nursing Administrative team. July saw the retirement of our Nursing Director, Miss Florence Gass. We all look forward to Mrs. Marlene Grantham directing the Service from early 1977.

Mrs. Clarise McCarthy is giving able leadership as Chief O.R. Supervisor.

We concentrated a good deal of our efforts this year to several areas:

(1) **Quality Patient Care Program:**

Spearheaded by two assistant Directors, Doris McMaster and Betty Lethbridge, the program got "off the ground". This will probably include some aspects of a Nursing Audit. We expect this to be a 2-3 year project.

(2) **Decentralization:**

Efforts continued with plans to have all nurses responsible to an Assistant Director early in the New Year. Further progress has also been made in reducing, by attrition, the number of supervisory levels, with the goal of simplifying communication, and permitting more responsibility and accountability. Unit Assignment complements the concept well also, in that it facilitates a more accountable role for the staff nurse, the results of which are borne out through comments at exit interviews.

(3) **Objectives:**

Formulation of Objectives for the Nursing Department.

(4) **Careful Selection and Preparation of Nursing Leaders:**

Leaders, (Head Nurse level up), are chosen by a Selections Committee with emphasis on a sound philosophy of patient care and management.

(5) **Care of Dying Patients (and Families):**

We appreciate Norma Wylie's expertise in this area, and she has offered, with Rev. Ed. Fiander's assistance, programming on several units to assist staff, (nurses, doctors, students, dietitians, social workers, etc), in meeting the needs of the terminally-ill patient and his/her family.

(6) **Labor-Management Concept:**

We are committed to endeavouring to put into practice this concept of co-operation.

(7) **Team Work Education — Service:**

We feel very good about some shared programs between our V.G. School and Nursing Service, as well as considerable committee work together. We have also had some valuable interchange with the Dalhousie School of Nursing.

(8) **Provincial Critical Care Program:**

This program began this year and four, eight-week programs were offered.

(9) **Staff Needs:**

Our Continuing Education Division continues to constantly do needs assessments for all groups, with heavy demand for this service.

Generally, we find staff morale at a considerably higher level than last year. We are beginning to sense a shift in employee needs. That is, needs seem to be not so much related to security, (hours, salary, etc.), but increasingly to self-fulfillment needs. This is one of our immediate challenges. Many basic needs appear to have been met through the introduction of 12- or eight-hour cyclical staffing patterns on nearly all of our Nursing units.

Turnover rate is decreasing and our patient census is climbing. Our surgical rate is up approximately 20 per cent, and on the Post-Surgical Units, we have the same staffing level, causing considerable stress.

We made definite progress this year and appreciate administrative support and all efforts to work together. Miss Wylie's constant inspiration and guidance as our Nursing Consultant has been invaluable.

SCHOOL OF NURSING

During 1976 the School of Nursing was able to spend time revising and refining the curriculum.

There were no major curriculum changes, but a greater spirit of co-operation began to develop between Service and Education. Several joint studies are planned, which cannot help but better prepare the new graduate for her first job.

It should be a rewarding year in 1977 as these plans get underway, and enthusiasm and support are evident from both Service and Education.

There were many changes in the Faculty; ten resignations with six new appointments during the year.

One hundred and twelve students graduated on September 10, 1976, this being the first combined graduation exercise with Allied Health Education Schools.

One hundred and twenty-six students were admitted into the program on September 7, 1976.

We recommend that a joint Committee of Nursing Education-Nursing Service be established to formulate a mutually agreeable definition of a "beginning practitioner."

We again designated an experienced instructor to act as a resource instructor to assist the less-experienced faculty members in improving their method of instruction.

VOLUNTEER SERVICES

Diversional activity continued to be the big item for service, with personal shopping and banking running a close second. There was a marked increase in the number of requests for banking this year and the patients so serviced were most appreciative.

Discharged patients on their way home via airport, bus and train depots, in need of assistance, were accompanied by volunteers as requested. A significant increase was noted here also.

Our special interest in seeking out-of-town patients for volunteers to visit on a one-to-one basis continues to prove satisfactory and the volunteer is welcomed by many lonely patients with great friendliness who are quite often surprised to find this extra caring extended to them.

An ongoing revision is done throughout the year to keep the interpreters lists up to date in foreign languages as well as deaf mute communications. Tutoring for students in hospital is available, as well as crafts instruction and shopping for materials to this end.

Books and magazines by the thousands are contributed and distributed to patient solaria, outpatient clinics and Emergency throughout the year.

Patients' solaria are supervised on a continuing basis to ensure that these 21 salons are pleasant for patients and their visitors. Furniture, drapes, lights, housekeeping, games, reading material, T.V.'s and general upkeep is checked and kept in repair with the co-operation of many departments within the hospital. Where necessary, budgets have been submitted for replacement items.

A new service, the telephone-patch, using amateur radio operators within the community to give a free call to out of town patients homes without charge, was offered through the Lions Club and is co-ordinated within the hospital by this department. The service started with our first call on November 23, 1976. As of December 29, 1976 we had handled 37 calls.

Several articles of interest to medical journals were written by the Supervisor, submitted and published. Tours were arranged and completed for special interest groups, e.g., medical students, medical secretaries, business students, etc., as time permitted and areas within the hospital were available.

V.O.N. LIAISON PROGRAM

Statistically, there were 1,263 hospital patients referred to us during the year. They, in turn, were referred to other agencies for assistance. A total of 435 Out-Patient clinic cases were followed up, and a total of 3,654 interviews and reviews of cases were conducted.

We have contributed to the production of an orientation film to be used to promote the team approach towards total patient care in hospital and at home. In addition, orientation has been given regularly to the new nursing staff members as well as nursing students throughout the year.

MATERIEL SUPPORT SERVICES

Inventory Control

Initial studies were carried out by Management Consulting Services recommending the hospital be provided with a mini-computer to maintain inventory control. It is hoped this will become a reality in 1977.

Procurement - Supplies

The quantity of procurement documents generated in storing all necessary supplies to support the entire operations of the hospital is extremely voluminous, involving the processing of various types of documents.

	Stock	Non Stock	Total
Purchase requisitions	2,557	3,588	6,145
Local purchase orders	318	4,509	4,827
Petty cash orders	12	1,048	1,060
Contracts	90	66	156

Total number of line items procured by contracts — 366

Warehousing and Distribution of Stores Items

During the year, with the co-operation of the Health Services Insurance Commission, many surplus items were transferred to various hospitals and nursing homes throughout the province.

The shortage of adequate warehousing space necessitated storage of certain supplies in places other than storerooms.

A total of 45,786 departmental requisitions, with an average of four line items, was processed during the year.

Likewise, the volume in processing receipt of supplies and equipment is very high, involving some 248,859 shipments handled through the central receiving area.

The Printing and Duplicating shop workload has increased greatly due to the restraint program, which necessitates the hospital keeping to an absolute minimum the need to have such supplies purchased outside.

The Returned Stores and Furniture Repair, as well as Central Equipment and Repairs Service shops, were very busy, which assisted in keeping down costs of such purchased services.

The demands for Porter Escort Services become more complicated to manage, considering the integration of the Pathology Institute with the hospital and the extension of support services to outside agencies.

The increased demands for laundry services activated the need to establish a night shift to cope with the workload to process 4,054,643 pounds of laundry; this represents an increase of some 102,000 pounds over the 1975 workload.

OUTPATIENT DEPARTMENT

During 1976, 45,060 visits for examination and treatment were made to the Victoria General Hospital Outpaitent Department by 19,601 patients. This represents an increase of 1,669 visits and 1,565 patients over the 1975 figures, and indicates a continuing trend toward more patients making fewer visits.

Two of the busiest clinics — Orthopaedic and Cardiovascular Surgery — each started an additional weekly session during the year to ease the patient load in the existing sessions, and both services showed a considerable increase in patient visits. Orthopaedic Clinic received 5,733 visits in 1975, 7,038 visits in 1976; while Cardiovascular Surgery increased from 602 visits in 1975 to 809 visits in 1976.

Dr. L. Kirby started a Musculoskeletal Medicine Clinic early in 1976 and, presently, three sessions a week are held, with a total of 399 visits during the year. It is anticipated that this clinic will be transferred to the Rehabilitation Center when the new building is opened.

Several clinic sessions have changed their format. Coronary Care Follow-Up and Haematology Clinics are no longer held in the Outpatient Department. Diabetic Clinic has been changed to an afternoon session to enable the patients to take advantage of the teaching available in the Diabetes Day Care Center during the morning. The Dermatology Clinic has increased its patient load and is observing an appointment-only system to increase efficient handling of the patients. A Dermatology Treatment Center has been set up, and approximately five patients per day are presently being treated as outpatients, thus eliminating the need for hospitalization for these procedures.

A new clinic — Nova Scotia Sports Medicine — is planned to begin early in 1977.

MEDICAL RECORD DEPARTMENT

In 1976 the Medical Record Department processed the records of 19,121 discharged patients, 45,060 outpatients, and 48,272 emergency patients. The Medical Record Department retrieved approximately 62,000 records for the Outpatient Department and 15,661 records for the floors (re-admissions), the Emergency Department, and Tumor

Clinic. We provided patient information in response to 1,667 telephone requests from authorized persons and 2,856 written requests. There were 57 requests for research involving patient records; 5,500 charts were retrieved for this purpose. Twenty-six major requests were received for various types of statistical information.

On January 1, 1976 the hospital changed its data processing system to the Commission on Professional and Hospital activities, (P.A.S.), which provided the Department with computerized reports, more up-to-date statistics which are more quickly interpreted.

Due to financial restraints, the microfilming program was suspended for a period but reactivated to include all charts to within five years of the current year. A new arrangement in providing steno pool services to Department Medicine Staff, for completion of the physicians-dictated charts, resulted in reasonable improvement in clearing up the backlog of unfinished patients charts.

No further improvement in the workload can be achieved without relocating to more adequate space where an improved filing system for records can be accommodated.

From time to time, various members of staff enrolled in formal seminar programs to update their knowledge and expertise to more adequately deal with the Department's responsibilities.

HEALTH SCIENCES LIBRARY AND AUDIO VISUAL DEPARTMENT

During the year a total of 170 new books were acquired for the Library and 790 for the various Departments. In addition, the Library subscribed to four new journals and the Departments received nine new journals.

In user-services it is noted there were 31 interlibrary loans, 923 photo copies provided, four literature searches and 178 reference inquiries provided.

The Library and Audio Visual Committees were combined into one committee reporting to the Medical Staff Committee which, in turn, makes recommendations to the Executive of the Medical Staff.

The Audio Visual Department again experienced an increase in the demand for its services. Requests for photography in the clinical and paramedical fields have not yet leveled off and a trend to greater use of A/V aids in staff presentations is very evident. It is noted that slide tape programs are increasing in popularity and are proving to be of great assistance in patient care education.

The following is a list of services available:
Photography (both medical and non-medical)
Manufacture of colour and black and white slides
Manufacture of colour and black and white slides/tapes
Manufacture of photographic prints
Manufacture of overhead transparencies
Production of video tapes
Duplication of slides, prints and audio tapes
Service of a projectionist
Routine and preventative maintenance of hospital A/V equipment
Booking of video/tapes for viewing on hospital T/V monitors

The Department personnel have had great difficulty in meeting deadlines. It is to be hoped that funds will be made available to adequately staff the Audio/Visual Department so that the Victoria General Hospital will be able to utilize its services fully.

The following volume of services was provided during the year:
No. of requisitions, 444
No. of Patients, 231
No. of black and white negatives processed, 1,126
No. of colour transparencies, 1,213
No. of black and white prints, 450
No. of overhead transparencies, 1,110

A study into the tasks undertaken by the Audio Visual Department is presently being carried out. A questionnaire was circulated to all users of the Library and Audio Visual Departments' services. When completed, it will enable the committee to redefine the role of the Audio Visual section of the department.

The committee will also conduct a survey of the usage of Audio Visual equipment, as well as the use of all seminar room space in the hospital.

The Library staff will also undertake to improve the orientation program for new staff members aquainting them with making the most advantageous use of the Library and Audio Visual Services available.

VICTORIA GENERAL HOSPITAL AUXILIARY

The Victoria General Hospital Auxiliary has a membership of approximately 100 members, with 300 affiliated volunteers. We have 12

male members.

The Auxiliary has given over 47,000 hours in volunteer services to the Victoria General Hospital and presented a cheque to reduce their pledge of $150,000 used towards the purchase of the E.M.I. Brain Scanner.

Appropriate tray favours were given at Christmas, Easter, Valentine's and St. Patrick's day. Graduation prizes were donated to the School of Nursing and to the Dietetic Internes. Funds were given to the Social Service Department for amenities and necessities for the patients of the V.G. Hospital. Fund-raising projects included a dessert bridge, a coffee party, Kris Kringle's Korner and sale of chocolates.

The Coffee Shop has been operating at a slight loss due to the crowded conditions and the inability to collect all the meal checks and to prevent petty thievery. Our gift shop is cramped and again there is the problem of being paid for all that is taken from the shelves.

The Flower Shop is doing very well and we are also providing a good service with our Beauty Shop and the Barber Shop. The flower delivery is one of the pleasant jobs that our volunteers do six days a week. The visiting committee is very active visiting patients and doing errands for the patients. The Chapel committee maintain the linens, brass and flowers. The Mobile Gift Shop is another worthwhile project both to patient and auxiliary.

PLANT ENGINEERING DEPARTMENT

During the year the maintance Department services were reorganized into a Plant Engineering Department with four specialist shops — Refrigeration, Instrument Control, Plumbing, Heating, Ventilating, and Air Conditioning Services. The offices were relocated on the Laboratories Building Seventh Floor.

Approximately 80 per cent of the Department's workload was involved in processing upwards of 8,000 work orders.

Additions to the physical plant included (i) Bulk Nitrous Oxide system, (ii) larger Oxygen Bulk Storage Tank, (iii) Duplex Suction Pump for 14th Floor Victoria Building, (iv) Dust removal equipment in Carpenter Shop, (v) N.S.P. Corporation installed an additional 7500KVA Transformer, (vi) Therx Simulator in Radiotherapy

Department and (viii) Standby Deaerator in the Boiler Plant.

The usual turnover in staff was experienced and a fully-qualified journeyman foreman was engaged for the new HVAC Shop. In all, it was a very busy year for the Department.

PHARMACY

During the year the Department dispensed approximately 82,000 prescriptions to In-Patients and over 21,000 prescriptions to Out-Patients.

All established services continued uninterrupted in 1976. The preparation of hyperalimentation fluids continued to be a large part of Pharmacy service. Approximately 150 patients were treated with TPN during the year. In addition, the first person in Nova Scotia to receive hyperalimentation at home was supplied with all treatment materials for three months during the late summer and early autumn.

In addition to servicing the units in the decentralized Nursing Areas, a self medication project has been carried on with rheumatology patients on 4 West.

The rotating quota ward stock system is proving satisfactory.

The study in the use of antibiotics, which began in 1976, was completed this year. The collected data were submitted to Drs. Rozee and Haldane in the Bacteriology Department. They are collating the material in the hope of making future recommendations in the utilization of antibiotics within the hospital.

Investigational drug programs are an ongoing function of the Pharmacy Service. Extensive experimental work was done on the new antibiotic BBK8 in the hospital during the year.

Pharmacy staff took advantage of several continuing educational programs in 1976.

In addition, the Pharmacy staff undertook an upgrading program under the direction of the newly-appointed Clinical Pharmacist, Cameron Shearer, Pharm.D.

Information and Educational Program. The Pharmacy Department

continued to publish the drug information bulletin "Pharmafacts". Late in the year it was decided to change the format of the bulletin. It will now become a monthly one-sheet publication dealing briefly with topical drug information. It is hoped this will meet the hospital's need for prompt, concise and current drug information.

Staff. In August, Cameron Shearer, Pharm. D. joined the staff as a joint appointment with the College of Pharmacy. Dr. Shearer's work is as a Clinical Pharmacist with the Department of Medicine. Specifically, he works with the Hematology patients on 8 Victoria. In addition, he lectures periodically to nursing personnel.

SOCIAL SERVICE DEPARTMENT

In 1976 we experienced a 13 per cent increase in patients requiring services.

In addition to an increase in numbers of patients treated, there was a significant increase in the requests for service related to planning for convalescent and/or nursing home care. The actual increase was 48.8 per cent over last year. Social-family-economic problems associated with patient illness similarly increased. These became particularly evident when plans were implemented for rehabilitative and post-hospital care. In 1976 the number doubled (101.5%) over 1975.

These increases are significant, giving practical evidence of the increasing number of non-medical problems and the acute treatment the hospital is expected to accept and solve. There is a growing expectation in our society that the care of the sick and/or disabled should be a public responsibility paid for from the public purse. We are badly in need of new options for patient care, to complement the specialized medical services, on discharge.

Patient teaching groups, as well, have become a component of our educational thrust. During the year, weekly sessions were held for rheumatology patients and/or their relatives. These focused on understanding of their illness, disabilities, and learning new ways of dealing with its restrictions and rehabilitation planning.

During 1976 we were able to begin implementation of the second phase of the reorganization of our service delivery system. A second social service team began to function, providing service to surgical patients. The completion of this phase requires decentralized office

space adjacent to surgery care areas.

A third and fourth team are in the initial phase of development. Completion of these awaits the appointment of necessary additional supervisory, professional and technical staff.

Our staff have participated in continuing education programs to further their professional growth and development. They are competent persons who are interested in developing programs to improve patient care and are responsible for the progress we have made during the year.

BIOMEDICAL ENGINEERING

The Biomedical Engineering Department is responsible for the maintenance, safety and accuracy of the electro-medical equipment in the Hospital. The department performs safety checks on all new electro-medical equipment entering the Hospital before such equipment is placed into service. Checks are also made on the condition of the Isolated Power Systems used in the Operating and Intensive Care areas.

During the year the Biomedical Engineer acted as Consultant to the Health Services and Insurance Commission in the field of Biomedical Engineering. Advice was given on the safety requirements for power systems used in Hospitals. The Biomedical Engineer also provided consultation regarding purchasing guidelines for new electro-medical equipment and, in particular, cardiac monitors for various hospitals within the province.

In late 1975 the Department began an intensive routine maintenance program. This continued in 1976. The magnitude of the program can be appreciated only by the number of instruments being looked at. In 1976 alone over 900 instruments were inspected and calibrated. This was an increase of nearly 50 per cent over 1975.

In the past, these were handled by the Supplies Department. In 1976 this Department assumed control over contract repairs for that sector of equipment for which the Department normally retains responsibility for repair and calibration. This greatly improved the control over contract repairs and allowed the Biomedical Engineering Department to improve the speed with which repairs were performed, along with improving the efficiency and quality of repair.

A new 14 bed Coronary Care Unit was started during the year. The Biomedical Engineering Department, in conjunction with the nursing and medical staff, tested and evaluated equipment from several suppliers for this new unit. After several months of investigation, discussions and evaluations, a supplier was chosen for equipment to be delivered in late 1976.

STERILE SUPPLY SERVICE

Statistical reports of admissions, operations and visits to the Emergency Department and Outpatients continue to increase monthly, which has a direct bearing on increased demands for service from this department.

A detailed statistical report of all medical surgical supplies issued, and their cost, is available from Computer Service, Inventory Control.

A report of all supplies processed and issued to the various units is available from Sterile Supply Service upon request.

Participation in the orientation of new nursing staff members to the Hospital resulted in a total of 33 one-hour sessions in this department, with a total of 387 staff members attending. Tours of the department were conducted for student technicians, dietary and pharmacy internists.

Demands for service continue to increase.

Total Number of Treatment Trays and Packages Processed and Issued.	229,541
Total Number of Bottles Solutions Processed and Issued.	121,638
Total Number of O.R. Linen Drape Bundles	1,073,057

DIETETICS DEPARTMENT

During the year a total of 2,039,532 meals were served, of which 945,802 were provided to the In-Patients and 893,480 were served in the Scotia Room Cafeteria and special luncheons. Included in the In-Patient services were 163,068 special diet trays and 56,409 diabetic diet trays.

Clinical Services

The clinical dietitians have noticed an increase in the number of consultations for special services. This, in addition to their regular care

of approximately 140 patients to one clinical nutritionist, their teaching load and their participation in departmental objectives makes them a busy group.

The Dietetic Internship Training Program had an enrollment of 11 students, with five graduating in January and receiving appointments in the city hospitals and in the Maritime area.

The Department participated in various continuing education programs, provided refresher courses to various visiting dietitians, presented papers at least once a month at Nutrition Rounds. The Department was also active at the national and provincial Association Committees level, participated in the education of Victoria General Staff, students and others, as well as contributing articles to publications, productions and research programs. It is also noted the staff participated in many community programs, as well as the Hospital's in-service training programs.

All in all, it was a busy and rewarding year for the entire staff.

CHAPLAINCY SERVICES DEPARTMENT

During 1976 the members of the Chaplaincy Services within the Victoria General Hospital continued to carry out the major objectives of that service. We provided counselling and/or religious guidance to patients and their families, hospital staff, and students in allied healing professions. We also co-ordinated and conducted hospital religious services and administered sacraments and provided liaison with the churches and religious leaders in the larger community. Chaplains were available for consultation and guidance to hospital personnel.

The latter objective mentioned is one that received considerable attention in this year. We were called upon to provide consultation, leadership and counsel, especially in such areas as coping with the dying and grieving process which involves patient, family and staff. We continued to be involved in individual counselling with staff members and will continue to be available.

The Chaplains meet weekly, giving attention to our direction and priorities, and considering how we may best work together with persons from other hospital departments in our effort to serve the person who is within the hospital as patient.

One of the aspects of our regular meetings is related to building up relationships of trust within our own service. This is continually necessary to enable us to work together, especially as Chaplains come and go.

Toward the end of this year, we were pleased to note in the "Guide to Hospital Accreditation," a new section added, that of "Pastoral Care." Six standards are clearly set out within this new section.

The new standards clearly recognize the necessity of adequate office facilities and secretarial assistance. This is apropriate support of the function of Chaplaincy Services within hospitals.

The members of the Chaplaincy Services at the Victoria General appreciate the very helpful and supportive relationships with members of the various departments of the healing team.

BOARD OF COMMISSIONERS

Mr. Robert MacKay, Chairman
Dr. C. B. Stewart
Mr. Ted Rawding
Mr. David Zive
Mr. W. Murray Gould
Mr. William G. McNeil
Mr. Fred Robinson
Mrs. Mary Cooley (Donald)
Mr. Daniel White
Dr. F. G. Mack

ADMINISTRATIVE STAFF

M.R. Macdonald, M.D., C.M., D.P.H., F.R.C.P.(C), Executive Director
A.W. Taylor, M.D., D.H.A., Medical Director (Deceased June 15, 1976)
D.M. McNaughton, C.D., B.A., M.H.A., Administrative Director
J.J. Hendriks, Assistant Medical Director (Non-Medical)
C.F. Matheson, Director, Special Projects
H.J. Churchill, Director, Accounting & Staff Services
Miss F.B. Gass, R.N., B.Sc.N., Director of Nursing Service
Mrs. Ruth Dennison, R.N., B.N., Associate Director of Nursing Service
Mrs. J. Magee, R.N., B.Sc.N., Director, School of Nursing
R.E. Buckley, B.Sc., Personnel Officer
Miss J.A. Stewart, B.Sc., P.Dt., Director, Dietetics
Miss M.T. Gillis, R.N., B.Sc.N., Administrative Assistant, Department of Medicine
Mrs. G.I. Grant, R.N., B.Sc.N., Supervisor, Out-Patient Department
R.H. Arthur, B.E.E., Plant Engineering
W.C. Houlihan, Co-ordinator, Materiel Support Services
C.H. Northup, Fire, Security, and Communications

Miss K. Kinley, Ph.C., Chief Pharmacist
Miss P. MacDonald, B.A., Dip.S.W., M.Sc. (Soc.Adm.), A.C.S.W., R.S.W., Director, Social Service
Mrs. D. Bruneau, R.N., B.N., Supervisor, Emergency Department
D. Carruthers, R.N., Operating Room
Mrs. C. MacIsaac, R.R.L., Chief Medical Records Librarian
Mr. J. Furness, Supervisor, Admitting & Discharge Department
Mr. F. Oram, B.Sc., M.L.S., Health Sciences Librarian and Audio Visual
D.T. Janigan, M.D., Head, Department of Pathology
J. H. Cooper, M.B., Dh.B., F.R.C., (Path), F.R.C.P.(C), Deputy Head, Pathology
M. A. MacAulay, M.D., F.R.C.P. (C), Director, Clinical Chemistry
T. Hindmarsh, M.D., F.R.C.P. (C), Acting Director, Clinical Chemistry
H. C. Read, M.D., C.M., F.A.C.P., F.R.C.P. (C), Director, Haematology
G. H. Anderson, M.B., B.S., Assoc. Director, Cytology
K. R. Rozee, M.Sc., Ph.D., Dip. Bact., Head, Microbiology
G. Digout, B.Sc., Dip.Bact., Div., Chief Technologist, Microbiology
R. S. Faulkner, M.Sc., Ph.D., Director, Virology
R. S. Martin, B.Sc., Ph.D., Dip.Bact., Director, Public Health Bacteriology
J. S. Gibson, L.C.S.L.T., F.I.M.L.T., Div. Chief Technologist, Anat. Pathology
T. Boutilier, A.R.T., Clinical Chemistry
P. Allsop, B.A., A.R.T., Div. Chief Technologist, Haematology
Rev. E. Fiander, Co-ordinator, Chaplaincy Services

ANALYSIS OF HOSPITAL SERVICES FOR 1976

Service	Male	Female	Total	Total Deaths*	Death Rate	No. of Autopsies	Autopsy Rate	Patients Receiving Consults	Consult Rate	Total Days	Avg. Days Stay
Medicine	2,904	2,376	5,280	379	7.2%	121	31.9%	1,795	34.0%	81,298	15.4
Radiotherapy	11	25	36	1	9.1%	—	—	13	36.1%	496	13.8
Psychiatry	82	287	369	1	.3%	—	—	158	42.8%	11,135	30.2
General Surgery, Surgery A-D & Cardiovascular** Surgery	2,498	2,647	5,145	248	4.8%	71	28.6%	1,321	25.7%	70,474	13.7
Orthopedics	988	802	1,790	20	1.1%	9	45.0%	289	16.1%	25,420	14.2
Plastic Surgery	423	288	711	9	2.1%	5	55.6%	139	19.5%	9,365	13.2
Urology	1,042	340	1,382	12	1.2%	3	25.0%	355	25.7%	18,053	13.1
Neurosurgery	552	361	913	64	7.0%	30	46.9%	307	33.6%	16,302	17.9
Oral Surgery	54	87	141	—	—	—	—	31	22.0%	654	4.6
Otorhinolaryngology	335	284	619	2	.3%	1	50.0%	89	14.4%	4,131	6.7
Ophthamology	226	208	434	0	—	—	—	137	31.6%	4,366	10.1
Gynecology	0	2,269	2,269	9	.4%	2	22.2%	424	18.7%	15,458	6.8
Newborn	0	0	0	—	—	—	—	0	—	0	—
Grand Total	9,115	9,974	19,089	745	3.9%	242	32.5%	5,058	26.5%	257,152	13.5

* Of these 745 deaths, 90 were under two days' stay.
**Cardiovascular Surgery will be a separate service in Analysis of Hospital Services for 1977.

SOURCE: Annual 1976 Disch. Analysis A
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